POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B	22239	9-11-00
O.I.P.E. CLASSIFIER		18	9-19-00
FORMALITY REVIEW	AH	00390	10.23.00
RESPONSE FORMALITY REVIEW	AH	00390	1/16.01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date										Claim		Date										Claim		Date									
Final	Original	9/18.50/	1-5.02	7/2.02	4.3.03							Final	Original											Final	Original										
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50												100												150											

If more than 150 claims or 10 actions
staple additional sheet here

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